

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9795 62-040366  
STATE FILE NUMBER

FILED OCT 19 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY OR TOWN

ST LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)  
3733 COTTAGE AV.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First

GEORGE

Middle

JAE GER

Last

## 4. DATE OF DEATH

Month

OCTOBER

Day

12

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

9/8/77

## 9. AGE (last birthday)

85

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
MONUMENT WORKER RET.

10b. KIND OF BUSINESS OR INDUSTRY  
MONUMENT

11. BIRTHPLACE (City and state of country)  
ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

JACOB JAEGER

## 13b. MOTHER'S MAIDEN NAME

EVA. STRAUSS

## 14. NAME OF HUSBAND OR WIFE

ROSE JAEGER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)  
NO.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

MRS. ELSIE STROTHERS 5434 UNION

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

RT Upper Lobe Pneumonia

### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

CARCINOMA of Rt Lung.

### DUE TO (c)

163X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20e. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

10/7/62

10/12/62

10/12/62

21. I attended the deceased from 12:40 P.M. to 10/12/62 and last saw her alive on 10/12/62. Death occurred at 12:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

1515 LAFAYETTE AVE.

## 22c. DATE SIGNED

10/12/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

10/15/62

## 23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS Co. Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

DREHMAN KARRAL 1905 UNION

## 25. DATE RECD. BY LOCAL REG.

OCT 13 1962

## 26. REGISTRAR'S SIGNATURE

Ad Smith, M.D.

McDonough  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

75

75

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.